

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09/308,451</u>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
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TOTAL IND.							TOTAL IND.	<u>14</u>			
TOTAL DEP.							TOTAL DEP.	<u>74</u>			
TOTAL CLAIMS							TOTAL CLAIMS	<u>88</u>			